



South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605) 642-1389; www.state.sd.us/doh/nursing

Medication Aide

Application for Faculty Changes to a Currently Approved Training Program

Approved programs must submit, within 30 days after a change, any substantive changes made to the program during their 2-year approval period. Written approval or denial of a requested change will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing
722 Main Street, Suite 3
Spearfish, SD 57783

Name of Institution: Avera Education & Staffing Solutions

Address: 1000 West 4th Street, Suite 9
Yankton, SD 57078

Phone Number: 605-668-8475

Fax Number: 605-668-8483

AESS Program Instructor: Gwen Maag, RN (SD: R032347 Expires: 05/29/2016) gmaag@avera.org
Verified by: _____ (SD BON)

Facility: St. Michael's Hospital Avera

Location: Tyndall, SD

Facility RN Clinical Sponsor/Instructor(s):

Sarah Hochstein RN; SD license # R033828; Expires: 1 / 4 / 2016
Verified by: _____ (SD BON)

RN; SD license # _____; Expires: ____ / ____ / ____
Verified by: _____ (SD BON)

RN; SD license # _____; Expires: ____ / ____ / ____
Verified by: _____ (SD BON)

RN; SD license # _____; Expires: ____ / ____ / ____
Verified by: _____ (SD BON)

AESS Program Instructor Signature: Gwen Maag Date: 05-29-14

Administrator/DON/ADON Signature: Lindsey Crowmore, R.N.P.S. Date: 5/29/14

This section to be completed by the South Dakota Board of Nursing

Date Application Received: <u>6/19/14</u>	Date Application Denied:
Date Approved: <u>6/19/14</u>	Reason for Denial:
Expiration Date of Approval: <u>6/19/16</u>	
Board Representative: <u>2014</u>	
Date Notice Sent to Institution: <u>8/1</u>	

May 2014